


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JAN 01 PM 2:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N97000002239

1. Corporation Name
 Horses FOR THE REPITIC RIDING
 W02-35711

100009595011
 12/19/02--01022--006 **122.50

2001-2003 UBR

100009595011
 12/19/02--01022--007 **8.75

2. Principal Office Address
 976 HYACINTH DR
 Suite, Apt. #, etc.

3. Mailing Office Address
 Suite, Apt. #, etc.

City & State
 DELRAY BEACH

City & State

Zip
 33483

Country

Zip

Country

4. Date Incorporated or Qualified
 To Do Business in Florida Oct 19 97

5. FEI Number
 05-0747158

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 STANLEY L. ZEITCHICK

Street Address (P.O. Box Number is Not Acceptable)
 976 HYACINTH DR

Suite, Apt. #, Etc.

City
 DELRAY BCH. FL

State
 FL

Zip Code
 33483

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Stanley L. Zeitchick* REGISTERED AGENT MUST SIGN

Date 12/10/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRE	STAN ZEITCHICK	976 Hyacinth Dr	DeLray Bch FL 33483
V.P	HOWARD CHALFIN	3720 S. OCEAN BLV	Hightstown Be 33487
Sec	SCHWARTZ FRUMM	1515 N FEDERAL HWY	FL 33432 Boca Raton

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Stanley L. Zeitchick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/10/02

Daytime Phone # 361 330 0500

CR2E001 (9/01)